SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER	:	PAGE	1	34 OF	208
(0	che	ck only	or	ne)					
	X	11a		11b		11c		12	
		13		14		15		16	17

	g the name and address of any political committee t		
American College of Radiolo	gy Association PAC		
Full Name (Last, First, Middle Initial) Ori Preis MD	Date of Receipt		
Mailing Address 60 Charlotte Rd	12 31 2015		
City	State Zip Code	Transaction ID : C3227534	
Newton	MA 02459-1708	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer	Occupation	1	
South Shore Hospital	Diagnostic Radiologist		
Receipt For:	Aggregate Year-to-Date ▼	1	
Primary General			
Other (specify) ▼	1200.00		
Full Name (Last, First, Middle Initial) Hejung Press	Date of Receipt		
Mailing Address 6717 Stone Mill Drive	12 31 2015		
City	State Zip Code	Transaction ID : C3232476	
Knoxville	TN 37919	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	208.40	
Name of Employer	1		
Vista Radiology, P.C.	Diagnostic Radiologist		
Receipt For:	Aggregate Year-to-Date ▼]	
Primary General Other (specify) ▼	500.16		
Full Name (Last, First, Middle Initial) Robert Paul Quarles	Date of Receipt		
Mailing Address 1700 Queens Rd	12 07 2015		
City	State Zip Code	Transaction ID : C3227587	
Charlotte	NC 28207-2508	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	21.00	
Name of Employer	_		
Mecklenburg Radiology Assoc	Diagnostic Radiologist		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	231.00		
SUBTOTAL of Receipts This Page (optiona	I)	329.40	
	<u> </u>		
TOTAL This Period (last page this line num	ber only)		